

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40556
5222

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME (If not in hospital or institution, give street address or location) LAL Hospital 1827 Independence				d. STREET ADDRESS (If rural, give location) 3312 PENN. 247A			
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) JOHN		c. (Last) ANDERSON	
4. DATE OF DEATH (Month) (Day) (Year) December 9 - 1950		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH FEB-11-1867		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY ILLINOIS CENTRAL RR		11. BIRTHPLACE (State or foreign country) FARLEY, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ARCHIBALD ANDERSON		13b. MOTHER'S MAIDEN NAME JULIA WALKER		14. NAME OF HUSBAND OR WIFE MRS. MAY ANDERSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.R. Lal 80. 1827 Independence			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia DUE TO (c) Epilepsy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Colitis				INTERVAL BETWEEN ONSET AND DEATH 12 7/8 5 years " "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 28, 1949, to Dec. 9, 1950, that I last saw the deceased alive on Dec. 9, 1950, and that death occurred at 10:57am., from the causes and on the date stated above.							
23a. SIGNATURE Mal R. Lal (Degree or title) Mal R. Lal M.D.				23b. ADDRESS 1827 Independence Ave		23c. DATE SIGNED 12-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC-12-1950		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) COUNCIL BLUFFS IOWA	
DATE REC'D BY LOCAL REG. 12-12-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No..... *4182*

P. O. Address *Hanover City, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.